

EPA ID:  
Name:  
Address:

**KANSAS DEPARTMENT OF  
HEALTH AND  
ENVIRONMENT**  
2007 Hazardous Waste Report



**FORM  
OI**

**OFF-SITE IDENTIFICATION**

Instructions: Please read the detailed instructions on the reverse side before completing this form.

<b>Site 1</b>	A. EPA ID No. of off-site installation or transporter   _ _ _   _ _ _   _ _ _   _ _ _	B. Name of off-site installation or transporter
	C. Handler type (MARK ALL THAT APPLY)  <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	
D. Address of off-site installation  Street _____ City _____ State  _ _  Zip  _ _ _ _ - _ _ _		
<b>Site 2</b>	A. EPA ID No. of off-site installation or transporter   _ _ _   _ _ _   _ _ _   _ _ _	B. Name of off-site installation or transporter
	C. Handler type (MARK ALL THAT APPLY)  <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	
D. Address of off-site installation  Street _____ City _____ State  _ _  Zip  _ _ _ _ - _ _ _		
<b>Site 3</b>	A. EPA ID No. of off-site installation or transporter   _ _ _   _ _ _   _ _ _   _ _ _	B. Name of off-site installation or transporter
	C. Handler type (MARK ALL THAT APPLY)  <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	
D. Address of off-site installation  Street _____ City _____ State  _ _  Zip  _ _ _ _ - _ _ _		
<b>Site 4</b>	A. EPA ID No. of off-site installation or transporter   _ _ _   _ _ _   _ _ _   _ _ _	B. Name of off-site installation or transporter
	C. Handler type (MARK ALL THAT APPLY)  <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	
D. Address of off-site installation  Street _____ City _____ State  _ _  Zip  _ _ _ _ - _ _ _		

Comments:

# INSTRUCTIONS FOR FILLING OUT

## FORM OI – OFF-SITE IDENTIFICATION

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### WHO MUST SUBMIT THIS FORM

Sites required to file the 2007 Hazardous Waste Report must submit Form OI if:

- ◆ Form OI is required by your State; **AND**
- ◆ The site received hazardous waste from off site or sent hazardous waste off site during 2005.

### PURPOSE OF THIS FORM

Form OI documents the names and addresses of off-site installations and transporters.

### HOW TO FILL OUT THIS FORM

Form OI is divided into five identical parts. You must fill out one part for each off-site installation to which you shipped hazardous waste, each off-site installation from which you received hazardous waste, and each transporter you used to ship hazardous waste during 2007. If these off-site installations and transporters total more than four, you must photocopy and complete additional copies of the form. Prior to photocopying, place the pre-printed site identification label in the top left-hand corner of the form or, if you did not receive pre-printed labels, enter the site name and EPA Identification Number in this space.

Use the Comments section at the end of the form to clarify any entry (e.g., “Other” responses) or to continue any entry. When entering information in the Comments section, cross-reference the site number and box letter to which the comment refers.

### ITEM-BY-ITEM INSTRUCTIONS

Complete Boxes A through D for each off-site installation to which you shipped hazardous waste and each off-site installation from which you received hazardous waste during 2007. Complete Boxes A through C for each transporter you used during the year (address in Box D is not required for transporters).

**Box A:** EPA ID No. of off-site installation or transporter

Enter the 12-digit EPA ID number of the off-site installation to which you shipped hazardous waste or from which you received hazardous waste. Or, enter the EPA ID number of the transporter who shipped hazardous waste to or from your site. Each EPA ID Number should appear only once. If the off-site installation or transporter did not have an EPA ID number during 2007, enter “NA” in Box A and note the reason in the Comments section.

**Box B:** Name of off-site installation or transporter

Enter the name of the off-site installation or transporter reported in Box A.

**Box C:** Handler type

Mark all boxes that apply to the handler type (i.e., generator, transporter, or treatment, storage, or disposal (TSD) facility) of the off-site installation or transporter reported in Box A.

**Box D:** Address of off-site installation

Enter the address of the off-site installation reported in Box A. If the EPA ID number reported in Box A refers to a transporter, enter “NA” in Box D.